CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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A CONTRACTOR AND A CONT	F	EB	2	8	2011		
							SCHOOL STATES

Please type or print in ink.							
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)		
FEIT			MARCELINA		LINDA		
1. Office, Agency, or C	ourt						
Agency Name							
Independent Citizen's	s Oversight Committee						
Division, Board, Department	, District, if applicable		Your Position				
			Member				
► If filing for multiple position	ons, list below or on an attachme	ent.					
Agency:			Position:				
2. Jurisdiction of Offic	Ce (Check at least one box)						
State			☐ Judge (Statewide J	urisdiction)			
Multi-County			County of				
☐ City of	☐ City of			☐ Other			
3. Type of Statement ((Chack at least one hov)		4				
	overed is January 1, 2010, throu	igh December 31	☐ Leaving Office: □	Nato I off	1		
2010or-	vereu is January 1, 2010, unou	igii December 31,	(Check one)	ale Leit	d		
	is, throug	gh December 31,	 The period cov leaving office. 	ered is January	1, 2010, through the date of		
Assuming Office: Date	e/		 The period cov of leaving office 		, through the date		
Candidate: Election Ye	ear Off	fice sought, if differer	t than Part 1:				
4. Schedule Summary							
Check applicable schedule	es or "None."	► Tota	I number of pages incl	uding this cov	er page: <u>2</u>		
Schedule A-1 - Investn	nents - schedule attached		Schedule C - Income, Le	oans, & Busines	ss Positions - schedule attached		
Schedule A-2 - Investn	nents - schedule attached		Schedule D - Income -	Gifts - schedule	e attached		
Schedule B - Real Pro	perty – schedule attached		Schedule E - Income -	Gifts – Travel P	ayments - schedule attached		
	67	-or-					
	None - No	reportable interests	on any schedule				
5. Verification							
MAILING ADDRESS (Business or Agency Address Reco	STREET mmended - Public Document)	CITY	hartan adaka mara dakida daka bilan adakenda daken	STATE	ZIP CODE		
(223,000 0.000)		Pleasanto	n	CA			
DAYTIME TELEPHONE NUMBER			AIL ADDRESS	······································			
	illigence in preparing this stateme schedules is true and complete.			best of my kno	wledge the information contained		
I certify under penalty of p	perjury under the laws of the	State of California t	hat the foregoing is tru	e and correct.	1 1		
Date Signed <u> </u>	3 / / (nfonth, day, year)	Signa	ture	many agrica statemen	ra war you ming omora.,		

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED				
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME				
ValleyCare Health System					
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
5555 W Las Positas Blvd, Pleasanton, CA 94588					
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Health Care					
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION				
President and CEO					
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED				
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000				
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000				
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED				
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income				
Loan repayment Partnership	☐ Loan repayment ☐ Partnership				
Sale of	Sale of				
(Property, car, boat, etc.)	(Property, car, boat, etc.)				
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more				
Other(Describe)	Other(Describe)				
(Describe)	(Describe)				
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	1				
	lending institutions, or any indebtedness created as part				
of a retail installment or credit card transaction, made	our official status. Personal loans and loans received				
not in a lender's regular course of business must be					
NAME OF LENDER*					
NAME OF ELIDER	INTEREST RATE TERM (Months/Years)				
ADDRESS (Business Address Acceptable)	% None				
,,	SECURITY FOR LOAN				
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence				
LICUEST DALANCE DUDING DEPOPTING REPIGE	Real PropertyStreet address				
HIGHEST BALANCE DURING REPORTING PERIOD					
\$500 - \$1,000	City				
\$1,001 - \$10,000	Guarantor				
\$10,001 - \$100,000	/				
OVER \$100,000	Other(Describe)				
	(Describe)				
Comments:					